

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10551147

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
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36		0		/		
37		0		/		
38		0		/		
39		0		/		
40	/		/			
41		1		/		
42		2		/		
43		0		/		
44		0		/		
45	/		/			
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	45	←	42	←		←
TOTAL CLAIMS	48		44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						